



# Report of an inspection of a Designated Centre for Disabilities (Adults).

## Issued by the Chief Inspector

Name of designated centre:	Lionshead
Name of provider:	St John of God Community Services CLG
Address of centre:	Louth
Type of inspection:	Announced
Date of inspection:	05 April 2024
Centre ID:	OSV-0005288
Fieldwork ID:	MON-0034897

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Lionshead is a four bedroom detached bungalow situated in small village in County Louth. The bungalow is within walking distance to shops, pharmacy, churches and pubs. It is also a short drive from a large town and a bus is provided for residents in the centre. The centre provides care to male adults who have some medical and mobility needs. Each resident had their own bedroom and the property consists of a well equipped kitchen/dining room and adequate communal space for residents. There was a garden to the back of the property.

Health care assistants and nursing staff are employed to support residents. There are three staff on duty during the day and one waking staff at night. There is an out of hours on call support system in place which is facilitated by senior nursing personnel. None of the residents currently attend a formalised day programme. Day activities are planned for residents by the staff in the centre. The person in charge is supported in their role by a clinic nurse manager. Services provided in the centre are done in collaboration with residents, their representatives and allied health professionals as appropriate to the needs of the residents.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Friday 5 April 2024	09:30hrs to 15:40hrs	Anna Doyle	Lead

## What residents told us and what inspectors observed

This centre was well resourced and residents appeared to be enjoying a good quality of life here. Some improvements were required in two regulations which included communication supports for residents and end of life plans for some residents.

On arrival to the centre, the inspector observed that the house had a homely and relaxed feel. Some of the residents were still in the middle of getting up and one of the residents was in the kitchen with staff baking an apple tart for dessert later that day.

The inspector got to meet all of the residents living here, spoke to staff, the person in charge, reviewed records and also observed some practices.

The house was clean and generally in good decorative and structural repair. Each resident had their own bedroom which was decorated in line with their preferences. There were pictures and photographs throughout the house of residents which created a homely feel. The garden to the back of the property was well maintained and provided an area for residents to sit out and enjoy the good weather. One resident who enjoyed the outdoors was observed spending sometime outside on the day of the inspection.

The kitchen/ dining area was homely and well equipped. Residents here enjoyed meals like casseroles, stews and curries and so a slow cooker was available which staff said was regularly used. Residents also enjoyed a takeaway each week and one of the residents was smiling when staff were talking about their favourite take out meal. The residents were observed sitting down having breakfast and dinner on the day of the inspection. One of the residents liked to dine alone and this was respected.

All the residents had access to a land line phone and WiFi and throughout the course of the inspection residents were observed enjoying listening and watching their favourite singers on television. All of the residents used non-verbal cues to express their needs and preferences. During conversations between the inspector and the residents, staff members supported the conversation by communicating some of the non-verbal cues presented by the residents.

The inspector observed that staff members knew the residents well and communication passports in place showed examples of what a resident was trying to communicate through their non- verbal cues. However, the inspector found that given that communication was a core need for all of the residents living here, none of them had received an assessment from a speech and language therapist to see if their communication skills could be further enhanced. This required improvements.

Residents were supported to be involved in their local community and on the day of

the inspection residents went out for walks and two of them went to do the weekly grocery shopping. The house was located near the local shops and community amenities. One resident liked to go to Mass every Sunday and because they were within walking distance of local shops they could walk to get any items they needed.

Prior to the inspection the residents completed questionnaires with the support of staff about whether they were happy with the services provided. Overall, the feedback was very positive and they said they liked the staff, food provided and were happy with their rooms.

As part of the providers annual review for the centre, they had sought the views of residents and family representatives about the services provided. Overall this feedback was very positive, with family representatives stating that they were happy with the services being provided. The annual review also included a synopsis of the care and support provided in 2023. For example; there had been no complaints in 2023 and there was a low level of incidents (10 in total) occurring in the centre. It also outlined some of the residents achievements in 2023 some of which included; overnight stays in a hotel, going on day trips, attending concerts and Christmas pantomimes and one resident had celebrated a significant birthday.

This resident showed the inspector some pictures they had taken from this birthday and it looked like a really special event to celebrate and mark this occasion.

Residents were supported to maintain links with their family and friends and last year the residents had hosted an afternoon tea party in their home which family and friends had attended.

Three of the residents planned meaningful activities with staff each day and one resident attended a day service five days a week. Visual schedules were in place to remind residents what activities they had planned each day. Easy to read information was available for residents which included information on how to make a complaint, about their rights and supported decision making.

On review of a sample of records, residents had goals in place for the coming year which were linked to things that were important to them. For example; as stated one resident's religious beliefs were very important to them and they were planning to visit Knock Shrine in the coming months and stay over in a hotel. Another resident liked going out for walks and was going to join the local football club this year to use the walking track on the grounds of the club.

Since the last inspection a resident had moved into the centre, a review of the transition plan for this resident, showed that the resident had visited the centre to see what it was like, and also to meet the other residents living there. This had been done on a phased basis. For example; the resident had started by visiting for an hour, then for dinner and then for an overnight stay. Staff reported that the resident was settling in to their new home very well.

Two staff met with the inspector to talk about the quality of care being provided in the centre. Both staff members knew the residents well and one gave examples of how their training in human rights had influenced their practice. For example; the

staff member said that because the residents use non-verbal cues to communicate their will and preference that, it was very important to always observe their non verbal gestures to see how they were communicating their will and preference. The staff member outlined a plan in place for one resident who was newly admitted to the centre where staff were trialling different activities and recording how these activities went or whether the resident enjoyed them. The aim of this plan was to collate information to guide what the resident was communicating about whether they enjoyed the activities.

Overall, the residents were being supported to live a good quality of life in this centre. The inspector also observed that staff appeared to know the residents well and were respectful, caring and professional in their interactions with the residents. Notwithstanding, some improvements were required in two of the regulations inspected which are discussed in the next two sections of this report.

## Capacity and capability

Overall, the governance and management systems in place were ensuring a safe quality service to the residents. The person in charge and staff team were organised and there was good oversight of the care and supported being provided. Two regulations required some improvements as discussed later in this report.

The centre had a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis.

The centre was being monitored and audited as required by the regulations and other audits were also being conducted to ensure ongoing compliance with the regulations.

There were sufficient staff on duty to meet the needs of the residents and at the time of the inspection there were no staff vacancies.

The training records viewed indicated that all staff had completed training in order to support the residents needs in the centre.

The registered provider had appropriate procedures in place for the admission of residents to the centre.

## Regulation 14: Persons in charge

The person in charge was employed full time in the organisation. They were a qualified professional with a number of years management experience working in disability/care settings. They demonstrated a very good knowledge of the residents' needs in the centre and were aware of their responsibilities under the regulations.

The person in charge was also responsible for another designated centre under this provider. This did not impact on the quality of care being provided at the time of this inspection.

Judgment: Compliant

### Regulation 15: Staffing

A review of a sample of rotas indicated that there was a consistent staff team employed and sufficient staff on duty to meet the needs of the residents during the day. The provider had contingencies in place to manage planned and unplanned leave as regular relief staff members were available to cover shifts. This meant that residents were ensured consistency of care during these times.

An on call manager was on duty 24 hours a day to support staff and offer guidance and assistance if required.

Staff who spoke to the inspector said that they felt very supported in their role and were able to raise concerns, if needed, to a manager. They had a good knowledge of the residents' needs and reported to the inspector that they had no concerns about the quality and safety of care provided to residents. Staff received supervision in line the providers policy. A review of a sample of these records showed that no concerns had been raised about the care of residents in the centre. Staff were also able to discuss further training opportunities they may require going forward for self development.

A sample of staff personnel files were reviewed at an earlier date to this inspection by the Health Information and Quality Authority. Those reviewed contained the requirements of the regulations, as an example; garda vetting was in place for all staff.

Judgment: Compliant

### Regulation 16: Training and staff development

From a sample of training records viewed the inspector found that staff were



provided with training to ensure they had the necessary skills to respond to the needs of the residents this included refresher training as required.

For example, all staff had undertaken training to include:

- safeguarding of vulnerable adults
- fire safety
- manual handling
- safe administration of medicines
- infection prevention and control
- positive behavioural support
- children's first
- feeding eating and drinking
- supporting people with dementia
- basic life support
- assisted decision making legislation
- human rights based approach to care

The staff who worked on an on call basis to cover shifts had also completed mandatory training in fire safety, safeguarding vulnerable adults, manual handling and the safe administration of medicines.

Staff had also undertaken training in human rights. Examples of how they put this additional training into practice so as to further support the rights and individual choices of the residents were included in the first section of this report: 'What residents told us and what inspectors observed'.

From speaking to two staff members the inspector was assured that they had the required knowledge to meet the needs of the residents. As an example; one staff member outlined how to support a resident who had a specific health care condition which required monitoring. The staff was able to outline what to do should this persons health decline and who to contact.

Judgment: Compliant

### Regulation 19: Directory of residents

The registered provider had established and maintained a directory of residents in the designated centre.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly defined management structure in place, led by a person in charge who provided good leadership and support to their staff team. The person in charge met with their line manager who was the director of care every month to review the quality of care provided.

The provider had arrangements in place to monitor and review the quality of care in the centre. An unannounced quality and safety review had been completed along with an annual review for 2023. The annual review included a synopsis of the care and support provided in 2023. For example; there had been no complaints in 2023 and there was a low level of incidents (10 in total) occurring in the centre. It also outlined some of the residents' achievements in 2023 some of which included; overnight stays in a hotel, going on day trips, attending concerts and Christmas pantomimes and one resident had celebrated a significant birthday.

Other audits were also completed in areas such as; residents' financial records, medicine management and residents' personal plans. Overall the findings from these audits were, for the most part, compliant and where areas of improvement had been identified they had been addressed.

Staff meetings were held every 4 - 6 weeks which the person in charge attended. A review of a sample of minutes showed that various issues were discussed about the service provided like risk management, safeguarding and restrictive practices.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

The registered provider had a policy in place to ensure that admissions are appropriate, were well planned for and included opportunities to visit the centre prior to admission.

Since the last inspection a resident had moved into the centre, a review of the transition plan for this resident, showed that the resident had visited the centre to see what it was like, and also to meet the other residents living there. This had been done on a phased basis. For example; the resident had started by visiting for an hour, then for dinner and then for an overnight stay. Staff reported that the resident was settling in to their new home very well.

A contract for the provision of services had also been signed on behalf of this resident by their family representative. This contract outlined the services to be provided and associated charges for these services where applicable.

Judgment: Compliant

### Regulation 3: Statement of purpose

A copy of the statement of purpose containing the information set out in Schedule 1 of the regulations was available in the centre. This document had been reviewed recently and outlined the care and support provided to residents in the centre. An easy-to-read version of this document was also available for residents who required this format.

Judgment: Compliant

### Quality and safety

Overall, the residents enjoyed a safe quality service in this centre. All of the residents looked well cared for and staff knew the residents well. However, as stated improvements were required in communication and end of life care plans for some residents.

Each resident had an assessment of need which outlined their healthcare and emotional needs. Support plans were in place to guide staff practice. Never the less, end of life wishes plans in place for some residents needed to be reviewed to ensure that they were in line with the providers own policy and included the will and preference of the resident concerned.

Staff were aware of the different communication supports in place for residents. However, given that communication was a core need for all of the residents living here, none of them had received an assessment from a speech and language therapist to see if their communication skills could be further enhanced.

Residents were supported to have meaningful active days in line with their personal preferences and to maintain links with family and friends.

The house was clean and generally in good decorative and structural repair. Each resident had their own bedroom which was decorated in line with their preferences.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. Fire safety systems were also in place to minimise the risk of fire and ensure a safe evacuation of the centre.

There was a policy in place that outlined procedures staff needed to follow in the event of an allegation/suspicion of abuse. All staff had received training in this area.

## Regulation 10: Communication

Staff were aware of the different communication supports in place for residents such as communication passports, visual aids and observing for non-verbal cues. However, given that communication was a core need for all of the residents living here, none of them had received an assessment from a speech and language therapist to see if their communication skills could be further enhanced.

All the residents had access to a land line phone and WiFi and throughout the course of the inspection residents were observed enjoying listening and watching their favourite singers on television. All of the residents used non-verbal cues to express their needs and preferences. During interactions between the inspector and the residents, staff members supported the conversation by communicating some of the non-verbal cues presented by the residents.

Judgment: Substantially compliant

## Regulation 13: General welfare and development

Three of the residents planned meaningful activities with staff each day and one resident attended a day service five days a week. Visual schedules were in place to remind residents what activities they had planned each day.

On review of a sample of records, residents had goals in place for the coming year which were linked to things that were important to them. For example; as stated one resident's religious beliefs were very important to them and they were planning to visit Knock Shrine in the coming months and stay over in a hotel. Another resident liked going out for walks and was going to join the local football club this year to use the walking track on the grounds of the club.

Residents were supported to maintain links with their family and friends and last year the residents had hosted an afternoon tea party in their home which family and friends had attended.

Judgment: Compliant

## Regulation 17: Premises

The house was clean and generally in good decorative and structural repair. Each

resident had their own bedroom which was decorated in line with their preferences. There were pictures and photographs throughout the house of residents which created a homely feel. The garden to the back of the property was well maintained and provided an area for residents to sit out and enjoy the good weather. One resident who enjoyed the outdoors was observed spending sometime outside on the day of the inspection.

The person in charge maintained records to ensure that equipment used in the centre was serviced regularly. For example; the boiler had been serviced recently.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents are consulted with menu planning and could choose to participate in preparing and cooking meals. One of the residents was observed baking an apple tart with staff and was observed to be very happy doing this. Another resident showed the inspector a picture of them helping to make the Christmas cake last year.

Residents went each week to do the weekly food shopping.

Where required there were specific records maintained to monitor and document a residents' nutritional intake. Staff had also been provided with training to support residents who required specific supports with food consistencies and aids to support and maintain independent living skills.

Judgment: Compliant

### Regulation 20: Information for residents

The registered provider had prepared in writing a guide in respect of the designated centre. This guide was available to the residents and included a summary of the services to be provided.

Judgment: Compliant

## Regulation 26: Risk management procedures

There were systems in place to manage and mitigate risk and keep residents safe in the centre. The registered provider had a safety statement in place which outlined the roles and responsibilities of staff and senior management. Health and Safety was a consistent item on the staff meeting agendas and was also included in the staff induction checklist for new staff starting. A risk register was maintained in the centre which provided an overview of all current risks in the centre. These were updated as required by the person in charge.

Where incidents did occur they were reviewed by the person in charge and if warranted escalated to a senior manager. Individual risk assessments were in place for each resident which outlined the controls in place to manage and mitigate risks.

The transport in the centre had an update to date roadworthy certificate in place and was insured.

Judgment: Compliant

## Regulation 27: Protection against infection

All staff had received a comprehensive suite of training on infection prevention and control. The inspector followed up on the actions from the last inspection and found that they had completed. For example; personal protective equipment was now being stored appropriately.

Judgment: Compliant

## Regulation 28: Fire precautions

There were systems in place to manage fire in the centre. Fire equipment such as emergency lighting, the fire alarm and fire extinguishers and fire doors were being serviced. For example; the fire alarm and emergency lighting had been serviced in December 2023 and was also been serviced on the day of the inspection.

Staff also conducted daily/ weekly and monthly checks to ensure that effective fire safety systems were maintained. Fire exits were checked on a daily basis and the fire alarm was checked weekly to ensure it was working and fire doors were activated.

Residents had personal emergency evacuation plans in place outlining the supports they required. Staff were provided with training/refresher training in fire safety and

practical fire awareness training was also conducted in the centre with all new staff.

Fire drills had been conducted to assess whether residents could be evacuated safely from each house and the records reviewed showed that these were taking place in a timely manner.

The provider also had a number of other measures in place to mitigate the risk of a fire. For example; every week the staff had to check the lint in the tumble dryer to assure it was cleaned and not accumulating. The cooker hood was cleaned regularly and included on the cleaning schedule for the centre. All electrical equipment had been checked in October 2023 to assure that they were in good working order.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The registered provider had a policy and a procedure in place for the safe administration, storage and disposal of medicines. A staff member were through some of the practices with the inspector and they were in line with the providers policy. The staff member was knowledgeable about the reason medicines were being administered to residents.

Medicines records relating to the use of as required medicines were in place and the policy outlined how these should be recorded and authorised. A minor

Audits were conducted on medicine management practices to ensure that they were in line with best practice.

There were systems in place to report and manage incidents/accidents/near misses around medicine management.

Judgment: Compliant

### Regulation 6: Health care

Residents were being supported with their healthcare related needs and had timely access to a range of allied healthcare professionals, available in the organisation to include:

- Occupational Therapist

- Physiotherapist
- Speech and Language Therapist
- Positive Behaviour Support Specialist
- Consultant Psychiatrist

In the community residents had access to:

- general practitioner (GP)
- dentist
- chiropody
- optician

Additionally, each resident had a number of healthcare plans in place so as to inform and guide practice and these plans were reviewed by the person in charge. The staff were knowledgeable when asked about some of the residents healthcare needs.

Residents had also been supported to access national health screening services in line with their age and health profile.

Some residents had plans in place outlining their end of life wishes. The registered provider had a policy in place around planning for end of life care. However, the inspector found that some of the details in the policy were not reflective of the actual practice. For example; the policy stated that where a resident had been diagnosed with dementia that end of life plans to reflect the persons will and preferences should be started to reflect their end of life care. This was not included in the end of life wishes plan for a resident who had dementia.

Judgment: Substantially compliant

## Regulation 8: Protection

All staff had been provided with training in safeguarding adults. One staff met, was aware of the procedures to follow in the event of an incident of abuse occurring in the centre. The residents reported in their questionnaires that they felt safe living there.

The inspector also noted the following:

- staff spoken with said they would have no issue reporting a safeguarding concern to management if they had one
- staff spoken to said they had no concerns about the quality and safety of care
- the concept of safeguarding was discussed at staff and residents meetings
- there were no complaints about safeguarding concerns in the centre at the



time of this inspection.

Judgment: Compliant

### Regulation 9: Residents' rights

Notwithstanding the improvements required in end of life plans and residents communication needs, the inspector found a number of examples where residents were supported with their rights.

Easy to read information was available for residents which included information on how to make a complaint, about their rights and supported decision making.

Residents goals were linked to things that were important to them. For example; one resident whose religious beliefs were important to them, attended mass and was planning a trip to Knock Shrine this year.

All staff had completed human rights training and training in supported decision making to enhance their knowledge and ensure that this knowledge influenced their practices.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Lionshead OSV-0005288

Inspection ID: MON-0034897

Date of inspection: 05/04/2024

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

**Section 1**

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

**Compliance plan provider’s response:**

Regulation Heading	Judgment
Regulation 10: Communication	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 10: Communication: Speech and language therapist contacted to commence the communication assessments on all 4 residents that reside in Lionhead. Assessments will be carried out on the 17/05/24. Following the findings from assessments communication plans for each resident will be completed in full in line with SALT recommendations.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: In regards to End of Life care for residents with a Dementia diagnosis, PIC has contacted CNS in Dementia care and will implement EOL needs or recommendations for any resident with a diagnosis of Denentia. Also, PIC will liaise with ADM co-ordinator and implement recommendations made for residents and EOL care in relation to will and preference under the assisted decision making act. The current end of life policy is under review by the organisation and has been sent to external bodies for review also. The updated policy is due to be signed of in sept 2024.</p>	

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 10(1)	The registered provider shall ensure that each resident is assisted and supported at all times to communicate in accordance with the residents' needs and wishes.	Substantially Compliant	Yellow	30/06/2024
Regulation 06(3)	The person in charge shall ensure that residents receive support at times of illness and at the end of their lives which meets their physical, emotional, social and spiritual needs and respects their dignity, autonomy, rights and wishes.	Substantially Compliant	Yellow	30/09/2024